PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

DOCUMENT # L04000030057

1. Limited Liability Company's Name

AL-Karim Jivraj, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
171 Broad Street	17700 Deer Isle Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Groveland, FL	City & State: Winter Garden, FL
Zip: 34736 Country: Lake	Zip: 34787-9421 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/20/2004

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: AL-Karim Jivraj

Street Address (P.O. Box Number is Not Acceptable): 17700 Deer Isle Circle

Suite, Apt. #, Etc.

City: Winter Garden State: FL Zip Code: 34787

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Al-Karim Jivraj BK Date: 7/16/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	AL-Karim Jivraj	17700 Deer Isle Circle	Winter Garden, FL 34787-9421
MGR	Pearline Ganganna-Jivraj	17700 Deer Isle Circle	Winter Garden, FL 34787-9421
			400105359654
	REINSTATEMENT 2005-2007		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Al-Karim Jivraj Date: 7/16/07 Daytime Phone #: (407) 810-3571

Typed or printed name of signing Managing Member/Manager: AL-KARIM JIVRAJ

CORPORATION SERVICE COMPANY

L07000030057

FILED
07 JUL 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 994139 7429960

AUTHORIZATION :

COST LIMIT : $ 250.00

ORDER DATE : July 11, 2007

ORDER TIME : 1:55 PM

ORDER NO. : 994139-010

CUSTOMER NO: 7429960

BK

DOMESTIC FILINGS

BK

NAME: AL-KARIM JIVRAJ, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext# 2914

EXAMINER'S INITIALS _____